

Summary Minutes: Medical Care Advisory Committee August 27 & 28, 2010 Kotzebue, Alaska

August 27, 2010

Members/Medicaid Program officials present: Deborah Kiley, DNP, Chair; Amber Doyle; Catriona Lowe; DDS; Karen Sidell; Kimberli Poppe-Smart, HCS Director; Tracy Charles-Smith; Renee Stoll, RPh; Bill Streur; Lorilyn Swanson; Mark Walker. HCS staff present: Nancy Cornwell and Renee Gayhart.

Minutes of May 7 & 8, 2010. Adopted as presented.

Update on National Health Reform including Medicaid activities. Bill Streur discussed some impacts Alaska is likely to experience as a result of the PPACA (Patient Protection Accountable Care Act). He reviewed the "State Operating Agency Grant/Contract Opportunities under PPACA" (Attachment 1), and the PPACA Provisions Impacting the State of Alaska Policy and Programs (Attachment 2).

Alaska Medicaid Tribal Issues/Office. Renee Gayhart with the Tribal Health Office in HCS presented information on the tribal health system in Alaska and Tribal Health Office's efforts. Forty percent of Alaska Medicaid recipients are Alaska Native. One of the components of SB 61 was more active partnering between Medicaid and tribes She reviewed several documents including: a map of the Alaska Tribal Health System; the Federal Fiscal Year (FFY) 2009 Medical Payments to Rendering Providers in each Native Regional Health Corporation Area for Eligible AI/AN (American Indian/Alaska Native) Clients by Tribal Providers and Non-Tribal Providers (Attachment 3); Counts of Medicaid Recipients during FFY 2009 by Native Regional Health Corporation areas by AI/AN and Non AI/AN, and by age groups, FFY 2009 Medicaid Service Payments by category of Service by Non-Tribal and Tribal Providers, and Medicaid Eligibles during FFY 2009 by AI/AN and Non AI/AN, and by age groups (Attachment 4). Renee also presented a document on the IHS encounter rate (Attachment #5). The committee discussed issues related to the tribal health system.

Update: Home and Community-based Waiver Program, Corrective Action Plan (CAP) and Implementation. Kim Poppe-Smart explained that the Division of Senior and Disability Services (DSDS) is making good progress on the CAP and CMS has accepted the CAP. Currently there are only 100 overdue assessments. CMS requires applicants for a waiver program to have a face-to-face assessment in the applicant's home and then re-assessments annually. In a recent 5-week period, assessors have been in 60 communities. The department continues to streamline the assessment process. In the past fiscal year, there was a 16 percent growth in the PCA program and an 8-12 percent growth in long-term care.

During the discussion, Deb Kiley suggested to Tracy Charles-Smith that the education committee take up the need to educate Alaskans who are not aware of the waiver and personal care assistance programs.

Work Plan, Report from Education Group, Recommendations. Renee Stoll, RPh, described several clients who are dual eligibles (Medicare and Medicaid) and having problems with their Medicaid claims. One complex case needs referral to the fiscal agent or the department. Bill suggested that the client contact Cindy Christensen in HCS.

Meet with Maniilaq Association representatives. The committee was given a tour of the Maniilaq Association's long-term care facility (18 beds) that is currently under construction, the existing senior center

that will shut down when the long-term care facility opens, and the health center. The long term care facility is adjacent to the health center.

Following the tour, the committee met with Maniilaq Association representatives: Robert Ottone, MHC Administrator; Paul Hansen, MHC Deputy Administrator; Barbara Janitscheck, Elder Care Administrator; Eugene Smith, CIO; Bree Petty, Acting Social Services Administrator; Pam Gilmore, Business Operations Director; Glen Fowler, Business Office; Delia Shuster, Medicaid Biller; Sandy Jones, Medical and Clinical Services Manager; Josephine Oke, PHN Manager; and, Mamie Reich, Elder Services Coordinator.

Paul Hansen, the Deputy Administrator at the Maniilaq Health Center, explained the Maniilaq Association is a tribally-owned not-for-profit organization formed in 1978. Maniilaq is the sole health and social services provider in the region that includes 12 communities stretching to Point Hope in the north, Kobuk to the east, and Buckland to the south. Kotzebue is the largest community and has about half the association's population of 7,600. The health center facility was built in 1995. Thirty-four (34) percent of the region's population is on Medicaid. In several communities, half of the population is on Medicaid, and yet many more are eligible for Medicaid. Maniilaq has several outreach staff that work exclusively with residents on applying for Medicaid.

Maniilaq Association has 4 branches: health services, social services (includes behavioral/mental health), tribal services (public assistance services, Medicaid eligibility), and elder services. Each branch has at least one program that interacts with Medicaid. There are clinics in all villages staffed by Community Health Aides (CHA). Some clinics also have nurse practitioners, physician assistants, and dental health therapists. Most of the other practitioners are Kotzebue-based and intenerate to villages. Maniilaq has just finished improvements to all village clinics.

Maniilaq has Indian Health Service funding at about \$40 M annually. Third-party collections this year were estimated at \$17 M this year. Medicaid is the largest third-party payer and the association increased its Medicaid payments by \$3 M over the preceding year as a result of business office improvements. Maniilaq also receives grants from the State of Alaska and funding from the Bureau of Indian Affairs. Maniilaq employs about 500 persons of whom 400 are medical and health service workers.

In its strategic plan, Maniilaq Association has 3 areas of focus in health services: business office, electronic health records, and care coordination.

Business office. Maniilaq uses RPMS, the IHS medical records system. They implemented "MD On-Line Clearinghouse" this year, a web-based system Maniilaq uses to submit third-party claims. Medicaid could assist Maniilaq by getting the edits that MD On-Line needs to scrub Alaska Medicaid claims.

Electronic health records (EHRs). By October 1, Maniilaq will be fully electronic for outpatient services. With new equipment, they are now using electronic order entry for laboratory, radiology, and pharmacy. Maniilaq has implemented some inpatient records but there is a lot of development for each department. They plan to complete EHRs for inpatient services by November 1. The final implementation will be the village clinics.

Care coordination. Patients usually enter the Maniilaq system through the CHAs. CHAs use telemedicine capacities if the patient needs care that is not available at the village clinic. CHAs also assist patients that need to go to Maniilaq health center in Kotzebue, the Alaska Native Medical Center, or private providers. As such, care coordination is a critical function. Emergency transport is very expensive and Medicaid often pays for that travel. A medivac transport from a village to Kotzebue costs about \$10,000 and from a village to Anchorage is about \$20,000. Medicaid also pays for a lot of non-emergent travel. Generally, this system works fairly well but it is sometimes difficult to get all of the paperwork completely before the regularly scheduled flights.

Maniilaq Association has been a leader in tele-health and has the following capacities: store-and-forward photos, ENT (otoscopes) scopes, EKGs, electronic stethoscopes, real-time video, tele-dental (x-rays), tele-pharmacy (remote dispensing), and tele-radiology. A big challenge, not just for tele-health, is reliance on a specific staff person for essential functions. Although Maniilaq has been a leader in tele-health, they have not been successful billing for these services

So much of Maniilaq's success is dependent on the relationship between the physicians and CHAs. Maniilaq's budget includes 10 physicians, 7 nurse practitioners or physician assistants, 50 CHAs, 5 dentists, and 3 dental health therapists. Maniilaq has 5 vacant physician and 2 vacant dentist positions. Maniilaq relies on itinerants to cover the demand for services. Maniilaq's greatest challenge is staffing.

Behavioral health services' billing has been cyclical and Maniilaq's goal is a more consistent approach. Maniilaq provides mental health, medications management, and substance abuse treatment in Kotzebue and eleven villages. The behavioral health program interfaces with vocational rehabilitation, development disability services, suicide prevention, and cultural camps. They have 5 clinicians (and 2 vacant positions) and 10 village-based counselors. Behavioral health has its own video-conference capabilities and does all the psychiatric services through API and the Children's Hospital in Seattle.

Maniilaq bills directly for Medicaid waiver services. They contract with ANTHC for billing for mental health and substance abuse services but have the goal to bring all the billing back in-house. Maniilaq bills for medical CHA services; the reimbursement rate does not cover the costs of that care. A discussion followed around the use of an encounter rate for CHAs and other tribal providers.

Maniilaq is training its CHAs to do well-child screenings under the Medicaid EPSDT (Early Periodic Screening Diagnostic and Treatment) program.

CHAs, Dental Health Aides, and behavioral health aides (not yet recognized by Occupational Licensing) services are not billable to any other third-party payers other than Alaska Medicaid.

On-line eligibility and express-lane eligibility for Medicaid would be very helpful, particularly because the Maniilaq Association runs the TANF (Temporary Assistance for Needy Families) program in the region.

The elder program is relatively new. In 1996, there were 300 elders in the region, today there are 500, and in 5 years, there will be 700. Nearly all elders have incomes below the poverty level and are eligible for Medicaid. Most want to continue to live independently or at least stay in the Maniilaq region. Fourteen residents from the senior center will move to the new long-term care facility. Maniilaq provides home care, personal care attendants, and chore services. They are poised to expand their personal care and home and community-based programs and expect to rely primarily on Medicaid payments. Their programs serve both elderly and disabled patients. Meals are provided to elders at the senior center in Kotzebue and to elders in the villages through a contract with the schools.

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Representative Reggie Joule addressed the committee. He has been in legislature for 14 years and serves on the House Finance HSS Subcommittee that oversees the Medicaid budget. He explained how important Medicaid is to meeting the health needs of the residents in his district and the vital support of Medicaid leaders and staff. Rep Joule provided some historical perspective on how the health delivery system has changed since he was a boy. He also noted how the State has helped to finance badly-needed infrastructure including the new long-term care facility and village clinics. The committee shared what they had learned from meetings with Maniilaq staff.

Summary of Medicaid Requirements included in the PPACA. Bill Streur presented additional information on Medicaid requirements included in PPACA, Medicaid budget projections, and an overview of federal health care reform legislation (see Attachment 6)

Bill Streur announced that a Medicaid task force will be named shortly to look at the best practices to curb Medicaid spending. Members will include 8 legislators (including Rep. Joule), Commissioner Bill Hogan, Deputy Commissioner Bill Streur, Assistant Commissioner for Finance and Management Services Alison Elgee, and the Chief Medical Officer Dr. Ward Hurlbert, MD. Bill stressed the need for legislators to have a

better understanding of the Medicaid program. The committee discussed various options for slowing the growth of the Medicaid program and improving quality of care.

Public Comments. No public comments were offered.

Date/time of next meeting. The committee confirmed that their next meeting will be by teleconference on December 3 or 10, 9:00 – 11:00 AM. Nancy will confirm the date within 2 weeks. The committee noted that they have not had a meeting in recent years in Ketchikan, Prince of Wales, or Bethel. The committee concurred they will have 2 in-person meetings in 2011 and one in a rural community.